

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-007630

STATE FILE NUMBER

AMENDED

Registration District No. 311
FILED MAR 14 1962

Primary Registration District No. 4456 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY <u>ST. CLAIR</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>ST. CLAIR</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Appleton City</u>				Length of stay in 1b <u>12 yrs.</u>		c. CITY OR TOWN <u>Appleton City, Mo.</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>None</u>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>None</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>BARR STREATER Noble</u>				4. DATE OF DEATH Month Day Year <u>MAR. 7 - 62</u>			
5. SEX <u>M.</u>		6. COLOR OR RACE <u>W</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>7-12-90</u>	
9. AGE (last birthday) <u>71</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED FARMER</u>		11. BIRTHPLACE (City and state or country) <u>Montrose Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John Noble</u>				13b. MOTHER'S MAIDEN NAME <u>Elizabeth Bastoun Alice Noble</u>		14. NAME OF HUSBAND OR WIFE <u>Alice Noble Appleton City, Mo.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>None</u>				16. SOCIAL SECURITY NO. <u>8</u>		17. INFORMANT <u>Alice Noble Appleton City, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial infarct, acute</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown							
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>7 Mar 62</u> to <u>7 Mar 62</u> and last saw him alive on <u>7 Mar 62</u> Death occurred at <u>1:00 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>W. H. Ellett, M.D.</u>				22b. ADDRESS <u>Appleton City, Mo.</u>		22c. DATE SIGNED <u>8 Mar 62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>3-12-62</u>		23c. NAME OF CEMETERY OR CREMATOR <u>Appleton City</u>		23d. LOCATION (City, town, or county) (State) <u>Appleton City, Mo.</u>	
24. FUNERAL DIRECTOR <u>Osmer Esthoff Appleton City, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>March 9, 62</u>		26. REGISTRAR'S SIGNATURE <u>Chas. Abrey</u>	

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

W. H. ELLETT, M.D.

MAR 27 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Orson Eckhoff

Licensed Embalmer No. 3942

P. O. Address Applenton City, IN

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.